

hospitals with less than 100 beds that have a greater than 60 percent share of Medicare patients, through 2011.

Allows hospitals the option to use 2002 base year costs, in addition to base year costs from 1982 or 1987.

Improves the blended payment rate by raising it from 50 percent to 75 percent of the difference between prospective payment system (PPS) payments and cost-based payments.

Removes the 12 percent disproportionate share hospital (DSH) payment cap for qualifying hospitals.

\$14 million/5 years

PART B

SHORT TERM PHYSICIAN PAYMENT UPDATE

Physician payment updates are determined using the Sustainable Growth Rate (SGR) formula, which is based on four factors:

Medicare Economic Index (MEI)

Number of beneficiaries in Fee-For-Service Medicare

Expenditures due to changes in law or regulations

Growth in real GDP per capita.

Actual spending has been higher than spending projected by the SGR formula, which will result in negative updates for the next six years.

Eliminating the SGR formula and adjusting payments for inflation would cost \$154.5 billion over 10 years.

This provision would provide physicians with a positive 1.0% update in 2006.

\$10.8 billion/5 years

THERAPY CAP MORATORIUM

In 1997, the BBA created a financial cap on the amount of money Medicare could spend per beneficiary for outpatient therapy services.

Two caps were set at \$1,500 indexed to the Medicare Economic Index (MEI); one for physical therapy and speech language therapy, the other for occupational therapy.

Since 1999, Congress has twice enacted a moratorium on implementation of the therapy caps. The moratorium is set to expire in 2006.

This provision would extend the moratorium for one year.

\$710 million/5 years

HOLD HARMLESS PAYMENTS FOR RURAL HOSPITAL OUTPATIENT DEPARTMENTS

MedPAC has stated that rural hospitals' financial performance under the outpatient prospective payment system (OPPS) is expected to decline by 2006.

Hold harmless payments are targeted to rural sole community hospitals and other rural hospitals with 100 or fewer beds.

The hold harmless policy should be extended because it targets the specific rural hospitals most affected.

This provision would extend hold-harmless payments under the OPPS through calendar year 2006.

This provision is consistent with a March 2005 MedPAC recommendation.

\$170 million/5 years

ESRD COMPOSITE UPDATE

MedPAC has found beneficiary access to care is good, provider capacity is increasing, quality is improving, and provider access to capital is good.

This provision would provide a 1.6% increase in the composite rate update for 2006, consistent with the update provided in the MMA.

ESRD facilities will be paid for quality and efficiency starting in 2007 under the Medicare Value-Based Purchasing Act.

\$520 million/5 years

EXPAND AVAILABILITY OF PACE IN RURAL AREAS

Establishes site development grants and a technical assistance program for up to 15 PACE sites in rural areas.

Creates a fund to provide partial reimbursement for incurred expenditures above a certain level.

\$37 million/5 years

INTERNATIONAL VOLUNTEERS

There are several older Americans that volunteer overseas for programs sponsored by 501(c)(3) organizations.

During this time, volunteers are required to purchase insurance that provides international health benefits.

Volunteers are also required to pay Medicare Part B premiums in order to avoid future penalties and delayed enrollment when they return to the United States.

This provision would waive the Part B late enrollment penalty and would establish a special enrollment period for these individuals upon their return to the United States.

\$20 million/5 years

MEDICARE PAYMENT ADJUSTMENT TO FEDERAL QUALIFIED HEALTH CENTERS

Federal Qualified Health Centers (FQHCs) are located in areas where care is needed but scarce.

This provision would allow FQHCs to provide diabetes outpatient self-management training services and medical nutrition therapy services.

A health care professional (including registered dietician or nutrition professional) under contract with the center can now provide services in an FQHC.

This provision would also allow FQHCs to be eligible for Health Care for the Homeless grants.

\$40 million/5 years

Subtotal Medicare Spending: \$12.916 billion/5 years.

Subtotal—Gross Spending: \$16.638 billion/5 years

PACKAGE TOTALS

Medicaid: Savings: —\$8.007 billion; Spending: \$3.722 billion; Net: —\$4.285 billion (Figures are over five years.)

Medicare: Savings: —\$18.637 billion; Spending: \$12.916 billion; Net: —\$5.721 billion.

Package Net Savings: —\$10.006 billion over five years.

Mr. GRASSLEY. Mr. President, I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

RUBY JUBILEE OF THE CRISIS CALL CENTER IN RENO, NEVADA

Mr. REID. Mr. President, I rise today to honor the Ruby Jubilee of the Crisis Call Center in Reno, NV. For 40 years, volunteers have provided intervention, prevention, referral, and education services to the people of Nevada. The center has been a lifeline for countless individuals. While its volunteers know how valuable their efforts are, we will never know how much pain they have prevented or the full extent of the healing they have promoted.

The Crisis Call Center was founded in 1966 at the University of Nevada, Reno to combat the high rate of suicide. However, its scope grew over time. Now an independent nonprofit, the Crisis

Call Center offers support to all individuals in crisis, including victims of sexual assault and child and elder abuse and neglect. It is still the leading community organization working to end suicide in Reno.

Additionally, the Crisis Call Center runs outreach projects for youth and seniors, groups that are at high risk for depression and suicide. I am particularly impressed by The Senior Connection, a specialized hotline to provide advocacy, support, and education to seniors. Uniquely, the services are provided by seniors for seniors.

The Crisis Call Center is one of the oldest continuously operating crisis centers in the country. It has provided a model for the many that followed and its innovative approaches ensure that it will be a leader for many years to come. I hope that you will join me in celebrating this milestone and in looking forward to the important work the Crisis Call Center will perform in the future.

SEQUENTIAL REFERRAL OF S. 1803

Ms. SNOWE. Mr. President, I respectfully ask unanimous consent that the following letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS,
Washington, DC, October 31, 2005.

Hon. WILLIAM FRIST,
Majority Leader, U.S. Senate, Washington, DC.

DEAR LEADER FRIST: Pursuant to paragraph 3(b) of S. Res. 400 of the 94th Congress, as amended, I request that S. 1803, the Intelligence Authorization Act for Fiscal Year 2006, as just reported by the Committee on Armed Services, be sequentially referred to the Committee on Homeland Security and Governmental Affairs for a period of ten days. I am making this request because this bill amends the Privacy Act, Section 552a of Title 5 of the United States Code, and the Privacy Act falls within the jurisdiction of the Committee on Homeland Security and Governmental Affairs pursuant to Senate Rule 25 and S. Res. 445 of the 108th Congress.

This request is without prejudice to any request for an additional extension of five days, as provided for under the resolution. Moreover, the amended resolution provides that the period of referral does not begin to run until the Committee to which the bill is referred receives the bill "in its entirety and including annexes." Thus, the ten days of initial referral will not begin until the Committee on Homeland Security and Governmental Affairs receives the classified annex to the bill as well as the bill and report. Finally, I request that I be consulted with regard to any unanimous consent or time agreements regarding this bill.

Sincerely,

SUSAN M. COLLINS,
Chairman.

SENATE BUDGET RECONCILIATION BILL

Mr. CORZINE. Mr. President, I rise today to express my serious concern about and opposition to the Senate budget reconciliation package.